

**TRAINING OFFICER'S CHECKLIST**  
(ER 350-1-416)  
**(ATTACH TO THE FRONT OF THE APPLICATION PACKAGE)**

APPLICANT'S NAME <i>(Last, First, Middle) (Type or print)</i>	TRAINING PROGRAM
TITLE, SERIES, GRADE	CAREER PROGRAM

REVIEW APPLICANTS LONG-TERM TRAINING PACKAGE TO ASSURE THAT THE FOLLOWING IS PROVIDED AND ARRANGED IN THE ORDER INDICATED BELOW. VERIFY WITH A CHECK MARK BY EACH ITEM CONTAINED IN THE APPLICATION PACKAGE.

**PART I - COMMANDER**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> COMMANDER'S LETTER OF ENDORSEMENT | 2. <input type="checkbox"/> REQUEST FOR WAIVER <i>(If required)</i> |
|---|---|

**PART II - APPLICANT**

SECTION A	SECTION B
1. <input type="checkbox"/> DD FORM 1556 WITH SIGNED CONTINUED SERVICE AGREEMENT	1. <input type="checkbox"/> DESCRIPTION OF CURRENT DUTIES/RESPONSIBILITIES
2. <input type="checkbox"/> PROGRAM OF STUDY	2. <input type="checkbox"/> DA FORM 2302, CIVILIAN PERSONNEL QUALIFICATION RECORD
3. <input type="checkbox"/> EVIDENCE OF APPLICATION TO THE TRAINING FACILITY	3. <input type="checkbox"/> TWO MOST RECENT DA FORMS 5398 (or 5398-R), CIVILIAN PERFORMANCE RATING, WITH INDIVIDUAL DEVELOPMENT PLAN SECTION COMPLETED.
4. <input type="checkbox"/> REASON FOR SELECTION OF INSTITUTION <i>(MRGP only)</i>	
5. <input type="checkbox"/> RELEVANCE OF LTT TO CURRENT AND/OR PROJECT ASSIGNMENT	
6. <input type="checkbox"/> SIGNATURE AND DATE	
7. <input type="checkbox"/> SF 181 <i>(Original Package only)</i>	

**PART III - IMMEDIATE SUPERVISOR**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> STATEMENT EXPLAINING HOW NEED FOR TRAINING WAS DETERMINED  | 3. <input type="checkbox"/> STATEMENT OF SUPPORT FOR THE APPLICANT                      |
| 2. <input type="checkbox"/> STATEMENT JUSTIFYING THE REASON TRAINING CAN NOT BE DONE THROUGH AFTER-HOURS, PART-TIME OR SHORT TERM TRAINING | 4. <input type="checkbox"/> SIGNATURE, TITLE, TELEPHONE NUMBER, OFFICE SYMBOL, AND DATE |

**PART IV - CAREER PROGRAM NUMBER**

1. ☐ APPENDIX F, CAREER PROGRAM MANAGER'S ASSESSMENT

**PART V - TRAINING OFFICER**

- |   |  |
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| 1. <input type="checkbox"/> APPENDIX D, COST ESTIMATE | 2. <input type="checkbox"/> APPENDIX C, TRAINING OFFICER'S CHECKLIST |
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REMARKS

TRAINING OFFICER'S NAME AND TITLE <i>(Type or print)</i>	TELEPHONE <i>(Commercial)</i>
SIGNATURE	DATE SIGNED